

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51					
2							52					
3		2					53					
4		2					54					
5		2					55					
6		2					56					
7		2					57					
8		2					58					
9							59					
10		2					60					
11		2					61					
12							62					
13							63					
14							64					
15							65					
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18							68					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	16	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓
TOTAL CLAIMS	19						TOTAL CLAIMS					